

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 12 | 2/10 |
| FORMALITY REVIEW | CK | 158 | 7/27 |
| RESPONSE FORMALITY REVIEW | SS | 573 | 06-01-01 |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| □ | Allowed | I | Interference |
| — | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Date |
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| Final Original 1.2.04 | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here